

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CH</i>	<i>10000</i>	<i>9/97/00</i>
O.I.P.E. CLASSIFIER		<i>49</i>	<i>10/31/00</i>
FORMALITY REVIEW	<i>TIV</i>	<i>5CKTU</i>	<i>W 27 00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	
Original	
4	3 7
8	4 7
23	64 04
1	✓ ✓ ✓
2	✓ ✓ ✓
3	✓ ✓ ✓
4	✓ ✓ ✓
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6	✓ ✓ ✓
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21	✓ ✓ ✓
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy